Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0100014	FIRST CHURCH OF BETHLEHEM				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
21 MAIN STREE	T SOUTH	Connections					2	

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)								
Total Coliform (3100)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
Physical Parameters (PPS)		1 routine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19	·	Complete						

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Distribution Color MCL Violation	1/1/10 - 3/31/10	2	5/26/2010		6/5/2010					
Distribution Color MCL Violation	7/1/10 - 9/30/10	2	3/24/2011		4/3/2011					
Distribution Turbidity MCL Violation	7/1/10 - 9/30/10	2	3/24/2011		4/3/2011					
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014					

1/1/20 - 12/31/20

Water System Facility and Sampling Point Inventory Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Description ID Facility ID Rule Rule Tier Asbestos WQP 2 DBPR **Status** 00600 DISTRIBUTION SYSTEM **DISTRIBUTION SYSTEM** Υ Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α **ENTRY POINT** Α 00700 ENTRY POINT 2 20191 WELL WELL Α

Contact Information										
Name		Organization	Job Title							
Ms. Susan Kvietkus	First Church of Bethlehem	Secretary								
Mailing Address Line One	Mailing Add	ress Line Two		City	State	Zip Code				
21 Main Street P. O. Box 28			Bethlehe	em	СТ	06751				
p : pi = : :	_	1 11 21 5 21	- 11.4							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtmer	nt of	Public	Health	Drir	nking	Water S	ection	
	Wa	ter Qua	lity M	onit	oring ai	nd Con	nplia	nce S	Schedule		
PWS ID	PWS Name						Classif	ication	Population O	wner Type	Primary Source
CT0100014	FIRST CHURCH C	F BETHLEHE	М				N	С	25	Р	GW
Local Address (w	here applicable)				Service	Resider	ntial Co	mmerci	al Industrial	Combine	d Agricultural
21 MAIN STREET	21 MAIN STREET SOUTH				Connection	ns				2	
Towns Served: B	ETHLEHEM				1	1			1	1	
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	Address		
203-266-7288		203-266-6	5598			203-592	-9108	firstch	urchbethlehem	@me.com	
Contact Role(s):	Administrative	Contact, Leg	al Contac	t							
Name				Or	Organization				Job Title		
Bethlehem Fede	rated Church										
Mailing Address	Line One		Mailing A	Address	Line Two			City		State	Zip Code
29 Main Street								Bethle	hem	СТ	06751
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	/ Phone	ne Email Address			
Contact Role(s):	Owner										

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artment of	Dublic Hoalth	Drinki	na W	stor Co	ation	
					O		CUOII	
	Water Qua	ality Monit	oring and Con	nplianc	e Sche	edule		
PWS ID	PWS Name			Classificati	on Popu	lation Owr	ner Type Primary Sou	ırce
CT0100024	BETHLEHEM SQUARE			NC	2	8	P GW	
Local Address (w	here applicable)		Service Residen	tial Comm	ercial In	dustrial	Combined Agricultu	ural
22 EAST STREET			Connections	1				
Towns Served: B	ETHLEHEM				l	-		
		Monito	oring Requireme	nts				
•	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)					
Total Coliform	• •						tine (RT) per quart	
	oint (Sampling Point ID)			ng Period	Collecti	ion Period	Compliance Statu	us .
Select from	Inventory of Active Samplin	ng Points		12/31/18			Complete	
				3/31/19			Complete	
				6/30/19				
			7/1/19 -	9/30/19				
Physical Paran							tine (RT) per quart	
	oint (Sampling Point ID)			ng Period	Collecti	ion Period	Compliance Statu	ıs
Select from	Inventory of Active Samplin	ng Points		12/31/18			Complete	
				3/31/19			Complete	
				6/30/19				
			7/1/19 -	9/30/19				
•	Facility: ENTRY POINT	WSF ID: 00700)						
Nitrate And Ni	•						routine (RT) per ye	
	oint (Sampling Point ID)			ng Period	Collecti	ion Period	Compliance Statu	IS
ENTRY POIN	IT (3)			12/31/18			Complete	
				12/31/19			Complete	
			1/1/20 -	12/31/20				
-	Facility: WELL (WSF ID:	20192)						
E. Coli (3014)						1 rou	tine (RT) per quart	
	oint (Sampling Point ID)			ng Period	Collecti	ion Period	Compliance Statu	us
WELL (2)				12/31/18			Complete	
				3/31/19			Complete	
				6/30/19				
			7/1/19 -	9/30/19				
		Other Co	ompliance Sched	lules				
Compliance Sche	edule Activity			Due Date		Achieved	Date	
RESPOND TO SAI	NITARY SURVEY			1/25/2015				
	Water	System Facili	ty and Sampling	Point In	vento	Ύ		
Water	a Constant E - 199	Course II Course	Consulto D. L.		Total	Lead and		
System Wate Facility ID	r System Facility	Sampling Point ID	Sampling Point Description		-			_
-	IDLITION CYCTEM			<u>Status</u>	Rule	Kule Her	Asbestos WQP 2 DI	DPK
	IBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Υ			
00000 DISTN			TABLE TO SERVICE COL	N A				
00000 DISTN		DOWNSTREAM						
	Y POINT	UPSTREAM 3	WITHIN 5 SERVICE COI					
RESPOND TO SAI Water System Wate	NITARY SURVEY	Sampling Point	ty and Sampling Sampling Point	/25/2015 Point In	Total Coliform	Lead and Copper	Sta	

Α

WELL

2

1730

20192

WELL

BETHLEHEM SQUARE TREATMENT PLANT

	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source				
CT0100024	BETHLEHEM SQUARE		NC	28	Р	GW						
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural				
22 FAST STREE	·T	Connections			1							

Contact Information

Connecticut Department of Public Health Drinking Water Section

Towns Served: BETHLEHEM

Name				Organization	l		Job Title			
Ms. Eleanor Mayer				Mayer Real E	Estate	Owner				
Mailing Address Lin	e One		Mailing Add	ress Line Two		City		State	Zip Code	
P.O. Box 244				Newtown				СТ	06470	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ac	ldress			
203-426-6330										
Contact Role(s): Le	egal Contact, (Owner	·							
Name				Organization	1			Job Title		
Mr. Jerome A. May	er			Estate of Eleanor C. Mayer			Administrat	or		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
22 Main St.			P.O. Box 810	P.O. Box 810			Newtown		06470	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address				
203-426-9282		203-426-	9291 20	3-770-1049	203-770-1049	jerome.a.mayer@snet.net				

Please note the following:

Contact Role(s): Administrative Contact, Owner

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department Water Quality M				\sim			l	
PWS ID	PWS Name				ssification	Population	Owner Type	Pri	mary Source
CT0100054	FLANDERS CROSSINGS				NC	33	Р		GW
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industri	al Combin	ed	Agricultural
3 FLANDERS R	Connections			1					
Towns Sarvad	RETHIEHEM								

Towns Served: BETHLEHEM					
M	onitoring Red	uiremen	ts		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)				
Total Coliform (3100)				1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Period	d Compliance Status
Select from Inventory of Active Sampling Points		10/1/18 - 1	2/31/18		Complete
		1/1/19 - 3,	/31/19		Complete
		4/1/19 - 6,	/30/19		
		7/1/19 - 9,	/30/19		
Physical Parameters (PPS)				1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Period	d Compliance Status
Select from Inventory of Active Sampling Points		10/1/18 - 1	2/31/18		Complete
		1/1/19 - 3,	/31/19		Complete
		4/1/19 - 6,	/30/19		
		7/1/19 - 9,	/30/19		
Water System Facility: ENTRY POINT (WSF ID: 0	0700)				
Nitrate And Nitrite (NOX)				1	L routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Period	d Compliance Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		
		1/1/19 - 12	/31/19		
		1/1/20 - 12	/31/20		
Oth	ner Compliand	e Schedu	les		
Compliance Schedule Activity		Du	e Date	Achieved	d Date
CROSS CONNECTION SURVEY REPORT		3/	1/2016		
Public	Notification	Requiren	nents		
	Compliance	Notice	Publi	c Notification	PN Certification
Violation/Situation	Period	Tier	Doguin	od Borformed	Due to DDU Beceived

CROSS CONNECTION SURVEY REPORT	3/1/2016										
Public Notification Requirements											
	Compliance	Notice	Public Notification PN Certification								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Nitrate And Nitrite M&R Violation	1/1/18 - 12/31/18	3	2/22/2020		3/3/2020						

	Wat	ter System Facili	ty and Sampling P	oint Ir	ventor	Ϋ́			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility IE)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		BETHCOM001	NICKS MENS SINK	Α	Υ	2			
		BETHCOM002	NICKS KIT SINK	Α	Υ	2			
		BETHCOM003	NICKS BAR SINK	Α	Υ	2			
		BETHCOM004	PHYSICIANS SINK	Α	Υ	2			
		BETHCOM005	KIDS 1 SINK	Α	Υ	2			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10955	WELL	2	WELL	Α					

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0100054	FLANDERS CROSSINGS			NC	33	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	al Combin	ed Agricultural
3 FLANDERS RO	DAD	Connections		1			

		Water System Facili	ity and Sampl	ling Point II	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
51876	STORAGE TANKS								

			Co	ontact Inf	ormation					
Name				Organization	ı		Job Title			
Mr. John Dimartino Bethlehem Common						tr				
Mailing Address Line One Mailing Add				ess Line Two		City	State	Zip Code		
566 Bucks Hill Road						Southbu	ry	СТ	06488	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress			
203-264-0891					203-560-7497					

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	C	onnocticut	Donasta	nont of	Dublic	[oal+h	Dain	lrino	T 117-	aton C	Coction			
	C(onnecticut	•					_	•			l		
			er Quanty	Monit	oring an	a Com								
PWS ID		VS Name							cation Population Owner			Pri		
CT010006		THLEHEM TOWN	N HALL AND LI	BRARY			N		2		L		GW	
		re applicable)			Service	Residen	tial Cor	mmerci	al In	dustrial	Combin	ed	Agricultural	
36 MAIN S					Connections			1						
Towns Sei	rved: BETI	HLEHEM							_					
					oring Requ	ııreme	nts							
		cility: DISTRIB	UTION SYSTE	M (WSF I	D: 00600)						/5:			
	oliform (-						, ,			=		er quarter	
		t (Sampling Poin			Monitori			ollecti	ion Perio	od Com	-	nce Status		
Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete								•						
						1/1/19 -						Cor	nplete	
						4/1/19 -								
		(555)				7/1/19 -	9/30/19	9		_	/-	_,		
-		ters (PPS)				Monitori		, ,			=		er quarter	
-		t (Sampling Poin	-4-		ollecti	nce Status								
Selec	ct from in	ventory of Active	nts		10/1/18 -							nplete		
							Cor	nplete						
						4/1/19 -								
Mater Sv	ıstam Fa	cility: ENTRY F	OINT /WSE	ID: 00700)		7/1/19 -	9/30/19	9						
		ite (NOX)	Cital (M2)	ib. 00700)							1 routine	(R	Γ) per year	
		t (Sampling Poin	nt ID)			Monitori	ng Perio	od C	ollecti	ion Perio		-	nce Status	
	RY POINT		·		1/1/18 - 12/31/18					Complete				
		•			1/1/19 - 12/31/19 Comp							nplete		
						1/1/20 -							·	
		W	/ater Syste	em Facili	ty and Sar	npling	Point	Inve	ntor	ν				
Water			•		-					Lead ar	nd			
	Water S	ystem Facility	Sam	pling Point	Sampling Poi	nt				Сорре			Stage	
Facility ID)			ID	Description		Sta	tus R	Rule	Rule Ti	er Asbest	os I	NQP 2 DBPR	
00600	DISTRIBU	JTION SYSTEM		4	DISTRIBUTION	N SYSTEM	A	١	Υ					
			DOV	VNSTREAM	WITHIN 5 SER	RVICE CON	N A	١						
			UI	PSTREAM	WITHIN 5 SEF	RVICE CON	N A	١						
00700	ENTRY P	OINT		3	ENTRY POINT		А	١						
20196	WELL			2	WELL		А	١						
				Con	tact Inform	mation								
Name				Oı	ganization						Job Tit	le		
Mr. Leona	ard Assard	t		To	wn of Bethleh	em			Firs	t Selectr	man			
Mailing A	ddress Lin	e One	Mai	ling Address	s Line Two				Ci	ty	State		Zip Code	
												1		

Mobile Phone

36 Main Street South
Business Phone

203-266-7510

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Bethlehem

lassard@bethlehemct.org

Emergency Phone Email Address

06751

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quality 1.10111th	or mig and	a don	ipiianee i	Jeneau		
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0100064	BETHLEHEM TOWN HALL AND LIBRARY		NC	25	L	GW	
Local Address (v	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural	
36 MAIN STREE	T, SOUTH	Connections		1			
Towns Served: I	BETHLEHEM						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Departn	nent of Public H	lealth Dr	inking	Water S	Section	
Water Quality	Monitoring an	d Compli	iance So	chedule		
PWS ID PWS Name		Clas	sification P	opulation O	wner Type P	rimary Source
CT0100114 CHRIST EPISCOPAL CHURCH			NC	25	Р	GW
Local Address (where applicable)	Service		Commercial	Industrial	Combined	Agricultural
18 MAIN STREET SOUTH	Connections		1			
Towns Served: BETHLEHEM						
	Monitoring Requ	uirements				
Water System Facility: DISTRIBUTION SYSTE	M (WSF ID: 00600)					
Total Coliform (3100)				1 re	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring Pe	eriod Col	llection Perio	d Compli	iance Status
Select from Inventory of Active Sampling Point	ts	10/1/18 - 12/3	31/18		Co	mplete
		1/1/19 - 3/31	1/19		Co	mplete
		4/1/19 - 6/30	0/19			
		7/1/19 - 9/30	0/19			
Physical Parameters (PPS)				1 r	= =	per quarter
Sampling Point (Sampling Point ID)		Monitoring Pe		llection Perio		iance Status
Select from Inventory of Active Sampling Poin	ts	10/1/18 - 12/3				mplete
		1/1/19 - 3/31			Co	mplete
		4/1/19 - 6/30	-			
		7/1/19 - 9/30	0/19			
Water System Facility: ENTRY POINT (WSF I	D: 00700)					
Nitrate And Nitrite (NOX)					-	RT) per year
Sampling Point (Sampling Point ID)		Monitoring Po		llection Perio		iance Status
ENTRY POINT (3)		1/1/18 - 12/3				mplete
		1/1/19 - 12/3			Co	mplete
		1/1/20 - 12/3				
Water Syste	m Facility and Sai	mpling Poi	int Inven	itory		
Water			Tot			
	ling Point Sampling Poi			orm Coppe		Stage
Facility ID	ID Description		Status Ru		er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTION		A Y	,		
	NSTREAM WITHIN 5 SEE		A			
	STREAM WITHIN 5 SEF		A			
00700 ENTRY POINT	3 ENTRY POINT	<u> </u>	Α			
20200 WELL	2 WELL		A			
	Contact Infor	mation				
Name	Organization				Job Title	
Christ Episcopal Church						
Mailing Address Line One Mail	ng Address Line Two			City	State	Zip Code
35 Harris Road			Avon		СТ	06001
35 Harris Road Business Phone Extension Fax	Mobile Phone E	mergency Pho		ddress	СТ	06001

	Connectic	•						C	,		lOII	
	Wa	ter Qua	lity M	onito	ring an	d Con	nplia	nce S	Schedu	le		
PWS ID	PWS Name Classification Population Owner Type Primary Sour										rimary Source	
CT0100114 CHRIST EPISCOPAL CHURCH							N	IC	25	Р		GW
Local Address (w	Local Address (where applicable)					Residen	tial Co	mmerci	al Industr	ial Cor	nbined	Agricultural
L8 MAIN STREET SOUTH					Connections	;		1				
Towns Served: B	ETHLEHEM								,			
Name				Orga	anization					Jo	b Title	
Reverend Ian T.	Douglas			The	Episcopal D	iocese of	Ct					
Mailing Address	Line One		Mailing A	Address L	ine Two				City	S	tate	Zip Code
290 Pratt Street								Meride	en		CT	06450
Business Phone	e Extension	Fax		Mobile	Phone E	mergency	/ Phone	Email A	Address		,	
203-639-3501		860-523-	1410									
Contact Role(s):	Administrative	Contact Les	al Contac	rt								-

Connecticut Department of Dublic Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

No		Connecticut	Department of	Public He	ealth D	rink	king V	Vater	Se	ction		
No		Water	Quality Monit	oring and	Comp	lian	ce Sc	hedul	le			
Service Residential Commercial Industrial Combined Agricultural Service Set Main STREET Connections 1 Industrial Combined Agricultural Set Main STREET Connections Severed: BETHLEHEM	PWS ID	PWS Name			Cla	ssifica	tion Po	pulation	Owi	ner Type	Primary	Source
Connections Served: BETHLEHEM Monitoring Requirements Monitoring Requirements Monitoring Requirements Monitoring Requirements Monitoring Requirements Monitoring Period Sampling Point (Sampling Point (Distribution System (WSF ID: 00600) Monitoring Period Collection Period Compliance Status Complete Monitoring Period	CT010022	SUNNY RIDGE SUPER	RMARKET			NC		25		Р	G۷	N
Total Coliform (3100) Sampling Point (Sampling Point ID) Monitoring Requirements Sampling Point (Sampling Point Sampling Point (Sampling Point (Sampl	Local Add	ress (where applicable)		Service F	Residential	Com	mercial	Industri	ial	Combine	d Agric	cultural
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Monitoring Period Compliance Status	82 MAIN S	STREET		Connections			1					
Total Coliform (3100) Select from Inventory of Active Sampling Points Sampling Point (Sampling Points) Sampling Point (Sampling Points) Sampling Point (Sampling Points) Sampling Point (Sampling Points) Select from Inventory of Active Sampling Points Sampling Point (Sampling Points) Select from Inventory of Active Sampling Points Sampling Point (Sampling Point (Sampling Points) Select from Inventory of Active Sampling Points Sampling Point (Sampling Point (Sampling Points) Select from Inventory of Active Sampling Points Select Sampling Point Sampling Points Inventory of Complete Select from Inventory of Active Sampling Point Select Select Sampling Point Select Select Select Select Select Select Select Sele	Towns Sei	rved: BETHLEHEM										
Total Coliform (3100) Monitoring Period Collection Period Compliance Status			Monito	oring Requi	rements	S						
Sampling Point (Sampling Point (Sampling Point (Sampling Points) 10/1/18 12/31/18 Complete	Water Sy	stem Facility: DISTRIBU	TION SYSTEM (WSF I	D: 00600)								
Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete 1/1/19 - 3/31/19 Complete 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete 1/1/19 - 3/31/19 Complete 1/1/19 - 3/31/19 Complete 1/1/19 - 3/31/19 Complete 4/1/19 - 6/30/19 Complete 6/1/19 - 12/31/19 Complete 6	Total Co	liform (3100)						1	l rou	tine (RT)	per qu	ıarter
1/1/19 - 3/31/19 Complete 4/1/19 - 6/30/19 7/1/19 - 9/30/19	Sam	pling Point (Sampling Point	ID)	M	lonitoring l	Period	Colle	ection Pe	riod	Comp	liance S	tatus
Adyly19 - 6/30/19 7/1/19 - 9	Selec	ct from Inventory of Active S	ampling Points	10	/1/18 - 12,	/31/18	3			C	omplete	e
Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 1/1/19 - 3/31/19 1/1/19 - 3/31/1				1	./1/19 - 3/3	31/19				C	omplete	e
Physical Parameters (PPS)				4	/1/19 - 6/3	30/19						
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) ENTRY POINT (3) Nater System Facility: ENTRY POINT (WSF ID: 00700) Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) ENTRY POINT (3) Nater System Facility and Sampling Point 1/1/19 - 12/31/19 Water System Facility and Sampling Point 1/1/19 - 12/31/20 Water System Facility and Sampling Point Inventory Water System Facility Downstream Within 5 Service Con A UPSTREAM WITHIN 5 SERVICE CON A UPS				7	7/1/19 - 9/3	30/19						
Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete 1/1/19 - 3/31/19 Complete 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point (System Vater System Facility ID (Sampling Point (System Vater System Facility ID (System (Status (Sound (System Vater System Vater System (System Vater System Vater System (System Vater System Vater System Vater System (System Vater System Vater	Physical	Parameters (PPS)						1	l rou	tine (RT)	per qu	uarter
1/1/19 - 3/31/19 Complete 4/1/19 - 6/30/19 7/1/19 - 9/30/19 T/1/19 - T/1/19 T/1/19 -	Sam	pling Point (Sampling Point	ID)	M	onitoring l	Period	Colle	ection Pe	riod	Comp	liance S	tatus
A/1/19 - 6/30/19 7/1/19 - 9/30/19 7/1/19 - 9/30/19	Selec	ct from Inventory of Active S	ampling Points	10	/1/18 - 12,	/31/18	3			C	omplete	e
Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) ENTRY POINT (3) Water System Facility and Sampling Point Intition (Not (Not (Not (Not (Not (Not (Not (Not				1	./1/19 - 3/3	31/19				С	omplete	e
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Nitrate And Nitrite (NOX) ENTRY POINT (3) Nater System Facility Sampling Point System Facility Monitoring Period Nonitoring Period Collection Period Compliance Status Complete 1/1/18 - 12/31/18 Complete 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Water System Facility and Sampling Point Inventory Water System Water System Facility ID Sampling Point ID Description Status Nonitoring Period Collection Period Complete Complete Complete Complete 1/1/20 - 12/31/20 Complete 1/1/20 - 12/31/20 Vater System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR ODONNSTREAM WITHIN 5 SERVICE CON A DONON ENTRY POINT A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A DO700 ENTRY POINT A CONTACT Information Name Organization Job Title Mr. Steven Meehan Organization Owner				4	/1/19 - 6/3	30/19						
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Monitoring Period Monitoring Period Collection Period Compliance Status 1/1/18 - 12/31/18 ENTRY POINT (3) 1/1/19 - 12/31/19 1/1/20 - 12/31/20 Water System Facility and Sampling Point Inventory Water System Water System Facility ID Description Monitoring Period Collection Period Complete 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Water System Facility Mater System Facility Description Sampling Point Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR MITHIN 5 SERVICE CON A DOWNSTREAM WITHIN 5 SERVICE CON A DOWNSTREAM W				7	//1/19 - 9/3	30/19						
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 1/1/18 - 12/31/18 Complete 1/1/19 - 12/31/19 Complete 1/1/19 - 12/31/20 Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point ID Description System Raule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 20209 WELL 2 WELL A Contact Information Name Organization Sunny Ridge Supermarket Owner Mr. Steven Meehan Sunny Ridge Supermarket Owner	Water Sy	stem Facility: ENTRY PC	OINT (WSF ID: 00700)									
ENTRY POINT (3) 1/1/18 - 12/31/18 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Water System Facility and Sampling Point Inventory Water System Water System Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 20209 WELL 2 WELL A Complete 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Stage Coliform Copper Copper Stage Rule Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A Contact Information Name Organization Job Title Mr. Steven Meehan Owner	Nitrate A	And Nitrite (NOX)							1	routine (RT) pe	r year
1/1/19 - 12/31/19 Complete	Sam	pling Point (Sampling Point	ID)	M	lonitoring l	Period	Colle	ection Pe	riod	Comp	liance S	tatus
Water System Facility and Sampling Point Inventory Water System Water System Facility ID Sampling Point ID Description Status Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A S	ENTF	RY POINT (3)		1,	/1/18 - 12/	31/18				C	omplete	e
Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Description Obscription Obscri				1,	/1/19 - 12/	31/19				С	omplete	e
Water System Facility Sampling Point Description O0600 DISTRIBUTION SYSTEM O0700 ENTRY POINT 20209 WELL Contact Information Organization Organization Sampling Point Coliform Status Rule Coliform Copper Stage Rule Tier Asbestos WQP 2 DBPR Ochigory Copper Stage Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A OO700 ENTRY POINT A Organization Organization Sunny Ridge Supermarket Owner				1,	/1/20 - 12/	31/20						
System Water System Facility Facility ID Sampling Point ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR Stage Rule Tier Asbestos WQP 2 DBPR O0600 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 20209 WELL 2 WELL A Contact Information Name Organization Sunny Ridge Supermarket Owner		Wa	ater System Facili	ty and Sam	pling Po	oint I	nvent	ory				
Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 20209 WELL 2 WELL A Contact Information Name Organization Status Rule Rule Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT Substitute Tier Asbestos WQP 2 DBPR A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT A 20209 WELL 2 WELL A Contact Information Name Organization Sunny Ridge Supermarket Owner	Water						Tota	l Lead	and			
00600 DISTRIBUTION SYSTEM 4 DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 20209 WELL 2 WELL A Contact Information Name Organization Organization Sunny Ridge Supermarket Owner	-		Sampling Point				-					_
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 20209 WELL 2 WELL A Contact Information Name Organization Job Title Mr. Steven Meehan Sunny Ridge Supermarket Owner	Facility ID)	ID	Description		Statu	s Rule	Rule	Tier	Asbestos	s WQP	2 DBPR
UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A 20209 WELL 2 WELL A Contact Information Name Organization Job Title Mr. Steven Meehan Sunny Ridge Supermarket Owner	00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION S	SYSTEM	Α	Υ					
00700 ENTRY POINT 3 ENTRY POINT A 20209 WELL 2 WELL A Contact Information Name Organization Job Title Mr. Steven Meehan Sunny Ridge Supermarket Owner			DOWNSTREAM	WITHIN 5 SERV	ICE CON	Α						
2 WELL A Contact Information Name Organization Job Title Mr. Steven Meehan Sunny Ridge Supermarket Owner			UPSTREAM	WITHIN 5 SERV	ICE CON	Α						
Contact Information Name Organization Job Title Mr. Steven Meehan Sunny Ridge Supermarket Owner	00700	ENTRY POINT	3	ENTRY POINT		Α						
Name Organization Job Title Mr. Steven Meehan Sunny Ridge Supermarket Owner	20209	WELL	2	WELL		Α						
Mr. Steven Meehan Sunny Ridge Supermarket Owner			Con	tact Inform	ation							
, 5	Name		O	rganization						Job Title		
Mailing Address Line One Mailing Address Line Two City State Zip Code	Mr. Steve	n Meehan	Su	ınny Ridge Super	market		(Owner				
	Mailing A	ddress Line One	Mailing Address	s Line Two			-	City		State	Zip C	ode
Main Street Bethlehem CT 06751	Main Stre	et				В	ethleher	n		СТ	067	51

Emergency Phone Email Address

kathyct107@aol.com

Mobile Phone

Business Phone

203-266-7464

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty From	01 11118 dill	a don	ipmamee t	onicad		
PWS ID PWS Name				Classification	Population	Owner Type	Primary Source
CT0100224	SUNNY RIDGE SUPERMARKET	NC	25	Р	GW		
Local Address (v	Local Address (where applicable)			ntial Commerci	al Industri	ial Combine	ed Agricultural
82 MAIN STREE	Connections		1				
1							

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0100234	15 MAIN STREET				NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
15 MAIN STREET	•	Connections	3		1			

Towns Served: BETHLEHEM

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility an	d Sampling Point In	ventory	

			•			-			
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20210	WELL	2	WELL	Α					

_				
-	nta	c+	Intor	mation
	mta	CT	ıntor	mation

Name			Organization		Job Title				
Ms. Theodora Hatz	ikostas	Kmmt LLC.		Owner					
Mailing Address Line One Mailing Add				Address Line Two			City	State	Zip Code
15 Main Street South					Bethlehe	em	СТ	06751	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
202 266 5550	202 266 6620				202 266 6240				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut	onnecticut Department of Public Health Drinking Water Section										
	Wate	r Qua	lity Moni	toring a	nd Co	mplia	ance S	Schedul	e			
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source		
CT0100234	15 MAIN STREET					NC		25	Р	GW		
Local Address (w	here applicable)			Service	Reside	ential C	ommerc	ial Industri	al Combine	ed Agricultural		
15 MAIN STREET				Connectio	ns 3		1					
Towns Served: B		203 200	0020	·	203 20	0 0310	triatzii	. 	.0111			
Contact Role(s):	Administrative Co	ntact	'		'		'					
Name				Organization					Job Title	9		
Kmmt LLC												
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip Code		
15 Main St S							Bethle	hem	СТ	06751		
Business Phone	e Extension	Fax	Mol	bile Phone	Emergen	cy Phon	e Email	Address				
Contact Role(s):	Legal Contact Ow	ner										

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	enartment of	Public Health I)rin	kino V	Vater Se	ction	
		•	oring and Comp		0		CCIOII	
PWS ID	PWS Name	quality Monit		lassific			ner Type P	rimary Source
CT0100284		/ITY		NC		25	P	GW
	ress (where applicable)	1111	Service Residentia		nmercial	Industrial	Combined	
48 EAST ST			Connections	ii Coii	1	maastriai	Combined	Agricultural
	ved: BETHLEHEM				T			
TOWNS SET	ved. Bettieriew	Monito	oring Requiremen	ts				
Water Sys	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)					
Total Col	iform (3100)					1 rou	itine (RT)	per quarter
Samp	oling Point (Sampling Point ID)	Monitoring	Perio	d Colle	ction Period	Compli	iance Status
Selec	t from Inventory of Active San	npling Points	10/1/18 - 1	2/31/1	.8		Co	mplete
			1/1/19 - 3	/31/19)		Co	mplete
			4/1/19 - 6	/30/19)			•
			7/1/19 - 9	/30/19)			•
Physical	Parameters (PPS)					1 rou	itine (RT)	per quarter
Samp	oling Point (Sampling Point ID)	Monitoring	Perio	d Colle	ction Period	Compli	iance Status
Selec	t from Inventory of Active San	npling Points	10/1/18 - 1	2/31/1	.8		Co	mplete
			1/1/19 - 3	/31/19)		Co	mplete
			4/1/19 - 6	/30/19)			
			7/1/19 - 9	/30/19)			
Water Sys	stem Facility: ENTRY POIN	NT (WSF ID: 00700)						
Nitrate A	and Nitrite (NOX)					1	routine (F	RT) per year
Samp	ling Point (Sampling Point ID)	Monitoring	Perio	d Colle	ction Period	Compli	iance Status
ENTR	Y POINT (3)		1/1/18 - 12	2/31/18	8		Co	mplete
			1/1/19 - 12	2/31/19	9		Co	mplete
			1/1/20 - 12	2/31/20	0			
	Wat	er System Facili	ty and Sampling P	oint	Invent	ory		
Water					Total	Lead and		
-	Water System Facility	Sampling Point				m Copper		Stage
Facility ID		ID	Description	Stat		Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
			WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
23055	WELL #1	2	WELL #1	Α				
61007	ATMOSPHERIC STORAGE TAN	IK						
		Con	tact Information					
Name		Oı	ganization				Job Title	
Church of	The Nativity							
	Idress Line One	Mailing Address	s Line Two			City	State	Zip Code
48 East St					Bethlehen	า	СТ	06751
		<u> </u>						

Emergency Phone | Email Address

Mobile Phone

Business Phone

Extension

Contact Role(s): Legal Contact, Owner

Fax

(Connecticu	t Depa	rtment	of Public	Health	n Drii	nking	Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Cor	nplia	nce S	chedul	le	
PWS ID F	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0100284	HURCH OF THE	VATIVITY				N	IC	25	Р	GW
Local Address (wh	ere applicable)	Service	Reside	ntial Co	mmercia	l Industri	al Combine	ed Agricultural		
48 EAST STREET				Connectio	ons		1			
Towns Served: BE	THLEHEM			-						
Name				Organization					Job Title	е
Mr. Donald Bank	S			Church of The	e Nativity			Business I	Manager	
Mailing Address L	ine One		Mailing Add	ress Line Two				City	State	Zip Code
48 East Street			P.O. Box 500	1 Woodbury,	CT 06798		Bethleh	iem	СТ	06751
Business Phone	Extension	Fax	Me	obile Phone	Emergenc	y Phone	Email A	ddress		
203-263-2008	17						secreta	ry.princeof	peace@aohct	.org
Contact Role(s):	Administrative C	ontact	,							

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Conne	cticut Dep	artment of	Public H	ealth	Drink	ing V	Vater :	Section	
		Water Qua	ality Monit	oring and	l Com	pliand	ce Sc	hedule	9	
PWS ID	PWS Name			0						Primary Source
CT0105063	151 MAIN	STREET, LLC.				NC		49	Р	GW
Local Addre	ess (where applic	cable)		Service	Resident	ial Comm	nercial	Industria	Combine	ed Agricultural
				Connections					1	
Towns Serv	ed: BETHLEHEM	l								
			Monito	oring Requ	ireme	nts				
Water Sys	tem Facility: I	DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coli	form (3100)							1	routine (R1) per quarter
Sampl	ing Point (Samp	ling Point ID)			Monitorii	ng Period	Colle	ection Peri	od Com	pliance Status
Select	from Inventory	of Active Samplir	g Points			12/31/18				Complete
					1/1/19 -					Complete
					4/1/19 -					
					7/1/19 -	9/30/19				
_	Parameters (Pl	-) per quarter
	ing Point (Samp					ng Period	Colle	ection Peri		pliance Status
Select	from Inventory	of Active Samplir	g Points			12/31/18				Complete
					1/1/19 -					Complete
					4/1/19 -					
					7/1/19 -	9/30/19				
,	•		WSF ID: 00700)							.
	nd Nitrite (NO	-								(RT) per year
-	ing Point (Samp	ling Point ID)				ng Period	Colle	ection Peri		pliance Status
ENTRY	POINT (3)					12/31/18				Complete
						12/31/19				Complete
						12/31/20				
			Other Co	ompliance	Sched	ules				
Compliance	Schedule Activ	ity			L	Due Date		Achiev	ed Date	
CROSS CON	INECTION EXEM	PTION			3	3/1/2023				
		Water 9	System Facili	ty and San	npling	Point Ir	nvent	ory		
Water							Total	Lead a	nd	
*	Water System Fo	acility	Sampling Point		t		Colifor			Stage
Facility ID			ID	Description		Status	Rule	Rule 1	ier Asbesto	os WQP 2 DBPR
00600 I	DISTRIBUTION S	YSTEM	4	DISTRIBUTION		Α				
			DOWNSTREAM							
			UPSTREAM	WITHIN 5 SER	VICE CON					
	ENTRY POINT		3	ENTRY POINT		A				
	WELL 1		2	WELL 1		Α				
58532 I	BLADDER TANK									
			Con	tact Inforn	nation					
Name			Oı	rganization					Job Titl	e
Ms. Victoria	a Lorusso									

Ms. Victoria Lorusso Mailing Address Line One Mailing Address Line Two City State Zip Code 151 Main Street N Bethlehem CT 06751 **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 203-266-6577 VLORUSSO@CHARTER.NET Contact Role(s): Administrative Contact, Legal Contact, Owner

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Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

	Water Quarty Monne	or mig am	a G011	TP1	idifee t	ciicaai	<u> </u>	
PWS ID PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT0105063	CT0105063 151 MAIN STREET, LLC.					49	Р	GW
Local Address (v	Local Address (where applicable)			itial	Commerci	al Industri	al Combine	ed Agricultural
							1	

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End of schedule